

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of Lower Miami
 Town of Miami
 or
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 185
 County Registrar No. _____
 Local Registrar No. 543

No. Warrior Indian St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Roma (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Feb 27, 1926
 Month Day Year

8. FATHER
 Full name Rita Roma
 9. Residence (Usual place of abode) Miami Ariz
 If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 43 (Years)

12. Birthplace (city or place) _____
 (State or country) Mexico

13. Occupation Miner
 Nature of Industry

14. MOTHER
 Full maiden name Maria Abila
 15. Residence (Usual place of abode) Miami Ariz
 If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 36 (Years)

18. Birthplace (city or place) _____
 (State or country) Mexico

19. Occupation Housewife
 Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 6
 (b) Born alive but now dead 3
 (c) Stillborn 2 21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was stillborn at 8 P. m. on the date above stated
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature J. P. Miller
 (Physician or midwife)
 Address Miami, Ariz

Given name added from a supplemental report Mech 14-26 P.E. Ariz
 Month, day, year Filed _____ Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

096-227-411